





# 13 (M.E.)

35.C10516

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:	)
TAKEHIRO YOSHIDA	: Examiner: S. Palan
Ann 1	: Group Art Unit: 2605
Application No.: 08/395,588	) :
Filed: February 28, 1995	)
For: COMMUNICATION APPARATUS	; )
FOR SELECTING A COMMUNICATION PROTOCOL	: )
COMPATIBLE TO A PARTNER	
STATION AND EXECUTING	)
THE SELECTED PROTOCOL	: February 13, 1997

Assistant Commissioner for Patents Box AF Washington, D.C. 20231

## AMENDMENT AFTER FINAL ACTION

Sir:

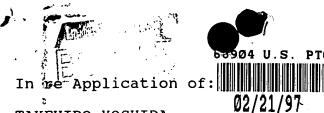
In response to the Office Action dated November 13, 1996, please amend the above-identified application as follows.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on February 13, 1997

(Date of Deposit)

(Name of Attorney for Applicant)

bigail Cousins February 13, 1997



TAKEHIRO YOSHIDA

Application No.: 08/395,588

Filed: February 28, 1995

COMMUNICATION APPARATUS FOR

SELECTING A COMMUNICATION PROTOCOL COMPATIBLE TO A

PARTNER STATION AND EXECUTING

THE SELECTED PROTOCOL

Docket No. 35.C10516

Examiner: S. Palan

Group Art Unit: 2605

Date: February 13, 1997.

THE ASSISTANT COMMISSIONER FOR PATENTS Washington, D.C. 20231

Sir:
Transmitted herewith is an amendment in the above-identified app.

| X | No additional fee is required.

The fee has been calculated as shown below

			CLAIMS AS AM	ENDED		
	(2) CLAIMS REMAÎNING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 10	MINUS	** 20	= 0	x \$11 \$22	0
INDEP. CLAIMS	* 2	MINUS	*** 3	= 0	x \$39 \$78	0
Fee for Multiple Dependent claims \$125°/\$250						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT				0		

<sup>\*</sup> If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

<sup>\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

<sup>\*\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

	°Verified Statement claiming small entity status is enclosed, if not filed previously.
	A check in the amount of \$ is enclosed.
	Charge \$ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
Х	Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Assistant Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
	A check in the amount of $\S$ _ to cover the Extension fee for response within months is enclosed.
	A check in the amount of \$ to cover the Information Disclosure Statement fee is enclosed.
X	Applicant's undersigned attorney may be reached in our New York office by telephone at (212) 758-2400. All correspondence should continue to be directed to our address given below.
	Attorney for Applicant Reg. No. 29,292

FITZPATRICK, CELLA, HARPER & SCINTO 277 Park Avenue
New York, New York 10172
Facsimile: (212) 758-2982

A:C10516.AMD